



Informed Consent and Liability Release

I am aware and understand that participating in camp activities such as (but not limited to):

the Alpine Tower, Zip Line, Kayak, Archery, Hiking, Challenge Course, High Ropes at YMCA Camp Silver Beach,

including the ropes course, involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I hereby agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well being. I am aware and understand that all of the program activities are strictly voluntary and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and mental condition. I further state that in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold the YMCA of South Hampton Roads – YMCA Camp Silver Beach, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation of the program. Should the YMCA of South Hampton Roads – YMCA Camp Silver Beach or anyone acting on its behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold the YMCA of South Hampton Roads – YMCA Camp Silver Beach harmless for all such fees and cost. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA of South Hampton Roads – YMCA Camp Silver Beach, its employees, its instructors, facilitators and agents.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Name (please print):

Street Address: City: State: Zip:

Phone: Email:

Group Name/Company that I am a participant of: Holy Trinity Catholic Church

Signature: Date:

*If the participant is under the age of 18, their parent or guardian must also sign below.

Signature: Date: